

# **EXECUTIVE COUNCIL OF IOWA**

## **AGENDA**

**AUGUST 29, 2011**

1. Introduction of Attendees
2. Approval of minutes of meeting held August 22, 2011
3. Personal Appearance –
  - A. Carla Pope, Iowa Finance Authority, will be present to request a new membership in Council of State Community Development Agencies (COSFDA) for one year in the amount of \$11,660.00.  
TAB # 1
  - B. Marvin Shultz, Department of Human Services, will be present to request a Resolution of Funds for the disaster in Dubuque County in the amount of \$180,000.00.  
TAB # 2
4. Leases – Page 1
5. Payment of Cost Items – Pages 1 – 2
6. Renewal Memberships – Pages 2 – 4  
TAB #s 3, 4, 5, 6, 7, 8, 9, 10 and 11

#### 4. Leases

- A. Lease between DNR and American River Transportation Co.  
Date of Lease: Five years, expiring February 28, 2016  
Legal Description: A parcel of the bed of the Mississippi River including approximately 1600 feet of frontage by 210 feet of depth located at Mississippi River Mile 576.50 located in Section 5, Township 88 North, Range 3 East of the 5th P.M., Dubuque County, Iowa.  
Annual Fee: \$10,684.80
- B. Lease between DNR and Blackhawk Fleet, Inc.  
Date of Lease: Five years, expiring August 31, 2016  
Legal Description: The first area is located at Mississippi River Mile 470 (Section 21, Township 77 North, Range 2 East of the 5th P.M., Scott County, Iowa). Barges will be moored 9 wide by 2 long (approximately 315 feet of depth by 400 feet of frontage for each group). The annual fee would be \$8,448.46. The second area is located at Mississippi River Mile 472 (Section 19, Township 77 North, Range 2 East of the 5th P.M., Scott County, Iowa). Barges will be moored 6 wide by 3 long (approximately 210 feet of depth by 600 feet of frontage). Barges may not be floated or other moored at Area 8 from May 1 through September 30. The annual fee is prorated to \$2,523.56 due to seasonal floating restrictions.  
Annual Fee: \$10,972.02
- C. Lease between DNR and George R. and Mary B. Wandling  
Date of Lease: Five years, ending December 31, 2016  
Legal Description: Dedicated public land located on Triboji Beach, Dickinson County, Iowa. Purpose: To house a 3' x 6' concrete storage building.  
Annual Fee: \$150.00

David Dorff, Assistant Attorney General, has reviewed the above leases and approved the leases as to form.

#### 5. Payment of Cost Items

- A. Patterson Law Firm L.L.P..... \$341.50  
729 Insurance Exchange Building  
505 Fifth Avenue  
Des Moines, IA 50309-2390  
Maureen Kimmerle v. State of Iowa and Second Injury Fund

B. Patterson Law Firm L.L.P..... \$104.00  
729 Insurance Exchange Building  
505 Fifth Avenue  
Des Moines, IA 50309-2390  
LuAnn Harp v. Woodward Resource Center, State of Iowa and Second Injury Fund

C. Patterson Law Firm L.L.P..... \$40.00  
729 Insurance Exchange Building  
505 Fifth Avenue  
Des Moines, IA 50309-2390  
Michele Dougherty v. Iowa State University, State of Iowa and Second Injury Fund

Julie Pottorff, Deputy Attorney General, has reviewed these invoices and recommends payments.

D. Nyemaster, Goode, West Hansell & O'Brien, P.C. ....\$3,665.50  
700 Walnut, Suite 1600  
Des Moines, IA 50309  
Central Iowa Construction Trades Council et al. v. Branstad et al. No. 4:11-cv-202, a suit in federal court challenging Executive Order No. 69

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment.

## **6. Renewal Memberships**

A. Economic Development in US Meat Export Federation (USMEF) in the amount of \$8,600.00 for October 1, 2011 - September 30, 2012. (Previous amount was \$8,600.00.) Other agencies: No: Funding Source: Other Funds: IA Pork Producers & IA Beef Council  
**TAB # 3**

B. Education in MarkEd Resource Center, Inc. in the amount of \$3,393.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$3,295.00.) Other agencies: No: Funding Source: Federal Funds  
**TAB # 4**

- C. Education in National Consortium for Health Science Education in the amount of \$2,500.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$2,500.00.)  
Other agencies: No: Funding Source: Federal Funds

**TAB # 5**

- D. Health, Iowa Dental Board, in American Association of Dental Administrators (AADA) in the amount of \$300.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$300.00.) Other agencies: No: Funding Source: Other Funds:  
Retained Fees

- E. Health, Iowa Dental Board, in American Association of Dental Boards (AADB) in the amount of \$1,960.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$1,900.00.) Other agencies: No: Funding Source: Other Funds: 2062 - Retained Fees

**TAB # 6**

- F. Health, Board of Nursing, in National Council of State Boards of Nursing (Nurse Licensure Compact Administrators Secretariat Fee) in the amount of \$3,000.00 for October 1, 2011 - September 30, 2012. (Previous amount was \$3,000.00.)  
Other agencies: No: Funding Source: Other Funds: Iowa Code 147.82 and 8.2

**TAB # 7**

- G. Health, Board of Nursing, in National Council of State Boards of Nursing, Inc. in the amount of \$3,000.00 for October 1, 2011 - September 30, 2012. (Previous amount was \$3,000.00.) Other agencies: No: Funding Source: Other Funds: Iowa Code 147.82 and 8.2

**TAB # 8**

- H. Management in National Association of State Budget Officers (NASBO) in the amount of \$16,545.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$16,063.00.) Other agencies: No: Funding Source: State General Fund

**TAB # 9**

- I. Revenue in Federation of Tax Administrators (FTA) in the amount of \$15,264.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$13,764.00.) Other agencies: No: Funding Source: State General Fund

**TAB # 10**

- J. Transportation in Iowa Bicycle Coalition in the amount of \$1,000.00 for September 1, 2011 - September 1, 2012. (Previous amount was \$1,000.00.) Other agencies: No: Funding Source: Other State Funds: RUTF

**TAB # 11**

- K. Vocational Rehabilitation in Quad Cities Chamber in the amount of \$220.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$220.00.) Other agencies: Yes: Iowa Workforce Development Funding Source: State General Fund: 21.3% Federal Funds: 78.7%

**Executive Council of Iowa**

Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

**REQUEST FOR MEMBERSHIP APPROVAL**DEPARTMENT REQUESTING MEMBERSHIP: Iowa Finance AuthorityNAME OF ORGANIZATION: Council of State Community Development Agencies(COSCD)NEW MEMBERSHIP ☒ RENEWAL ☐ MEMBERSHIP PERIOD: 7/1/11-6/30/12  
(Beginning and ending dates)MEMBERSHIP FEE OR DUES AMOUNT \$11,660Funding Source: State General Fund ☐ Other State Funds ☐Federal Funds ☐ Other Funds ☒ Self Funded

If Renewal, previous year amount.

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: this will be a joint membership with Economic Development Authority

Please describe why your department should have an additional membership As a member of theWILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose: \_\_\_\_\_

**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK DEPARTMENT:** The Council of State Community Development Agencies (COSCD) is the premier national organization dedicated to the advocacy, professional development and information needs of state agencies administering community development, housing and homelessness programs. COSCD is the only national organization that represents the unique needs of state community development agencies and shapes national policy, offering COSCD members an experienced voice in Washington, access to comprehensive training opportunities and critical program information.

**DESCRIBE HOW A MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.** Every year millions of housing related dollars flow into the state from federal government affecting the local economies every region and community of the state. Wise, effective and efficient administration of these programs assures good government in the state and impacts thousands of families COSCD assists both HUD and Congress in formulating policies that achieve these goals.

**DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:** COSCD provides comprehensive and timely information to its members through direct contact with the COSCD staff in Washington and through its website, [www.coscd.org](http://www.coscd.org) and its regular and special publications. COSCD publications, which are transmitted electronically to members and holds several national conferences each year.

Requested by: [Signature]  
(Department Head Signature)

Date: \_\_\_\_\_

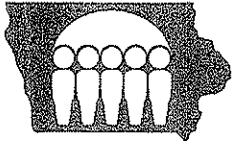
Phone 515-725-4900E-mail: dave.jamison@iowa.gov

Membership Form 42400

DOM: Approval ☒ Disapproval ☐Signature [Signature]Date 8/14/11

2011 AUG 25 AM 11:16  
EXECUTIVE COUNCIL

July 2009



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

EXECUTIVE COUNCIL  
2011 AUG 25 PM 3:34

TAB # 2

August 24, 2011

Executive Council  
Attn: GeorgAnna Madsen  
Capitol Building  
LOCAL

Item: Governor Proclamation of a State of Disaster Emergency – Request for Funds

Dear Ms. Madsen:

Per the Governor's Disaster Declaration, I am requesting additional funding for the Iowa Individual Assistance Grant Program be placed on the Executive Council Agenda for Monday, August 29, 2011. The Iowa Department of Human Services is requesting the Executive Council adopt a Resolution for Funds in the amount of \$180,000.00 for Dubuque County to replace/repair items affected by the disaster emergency which cannot be met by other means of financial assistance.

The original request for funding was made for Dubuque County in the amount of \$70,000.00 on August 3, 2011. With the current request this will make the total available assistance for Dubuque County to \$250,000.00.

The account coding for the funds to be transferred will be:

Dept	Fund	Appr	Org	
401	0391	0000	110	State Only Disaster –Dubuque County, August 29, 2011

Thank you for your assistance.

Sincerely,

  
Charles M. Palmer  
Director

cc: Vern Armstrong  
Marvin Shultz  
Kris Thomas  
Lee Hill

**Executive Council of Iowa**

Capitol Building  
Des Moines, Iowa 50319

Phone: 515 281-5368 / FAX: 515 281-7562

To: DOM 8-11-11

To: EL

dept auth 8-11-11  
TL / Int Trade

**REQUEST FOR MEMBERSHIP APPROVAL**

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Economic Development

NAME OF ORGANIZATION: US Meat Export Federation (USMEF)

NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 10/1/2011 to 9/30/2012  
(begin and end dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 8,600.00

Funding Source: State General Fund ☐ Other State Funds ☐

Federal Funds ☐ Other Funds ☒ Iowa Pork Producers & Iowa Beef Council

IF RENEWAL, previous year's amount \$ 8,600.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No If yes, please list:

Please describe why your department should have an additional membership

IDED is responsible for international marketing for agricultural products. The US Meat Export Federation promotes meat products outside the US. Membership with the USMEF enhances our ability to coordinate activities and to be up to date on export trends and needs.

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

If yes, list the anticipated number of trips per year and their purpose:

Two trips per year to network with other USMEF members.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

Membership enables us to more effectively reach out to and serve Iowa entities that export meat products.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

There is a worldwide market for Iowa's meat and meat products. Membership with USMEF helps us find new markets and build existing markets to expand our meat exports. No tax dollars will be used to pay for this.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

IDED marketing manager for meat products has contact with USMEF several times a month to keep the agency updated on current events and activities.

IDED Division Head: Joseph A. Rude  
Joseph Rude, Business Development Division Administrator

Date: 8/11/11

IDED Director: Deborah V. Durham  
Deborah V. Durham, Director

Date: 8-11-11

Phone: 515-725-3021

E-Mail: director@iowa.gov

**DOM USE ONLY:**

Approve ☒ Disapprove ☐

DOM Signature David A. Rude

Date 8/11/11

EXECUTIVE COUNCIL  
2011 AUG 25 AM 11:20



Executive Council of Iowa

Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

TAB # 4

**REQUEST FOR MEMBERSHIP APPROVAL**

DEPARTMENT REQUESTING MEMBERSHIP: Education

NAME OF ORGANIZATION: MarkEd Resource Center, Inc.

NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: July 1, 2011 - June 30, 2012  
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ \$3393

Funding Source: State General Fund ☐ Other State Funds ☐

Federal Funds ☒ Other Funds ☐

If Renewal, previous year amount. \$ \$3295

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: \_\_\_\_\_

Please describe why your department should have an additional membership \_\_\_\_\_

WILL THIS MEMBERSHIP REQUIRE OUT-OF-STATE TRAVEL? ☒ Yes ☐ No

If yes, list the anticipated number of trips per year and their purpose: One out of state meeting is required of the representatives. The purpose is to identify the program of work for the center so that the needs of the states are addressed in the services/products we receive from the center.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

This membership provides access to services/products which the consortium staff develop and also access to the services/products that each member state provides. Marketing Education is a vocational education program which is often used to meet the requirement of state school accreditation standards.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

The teaching of marketing education has a potential of making a major impact on workforce development and economic development.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: We receive monthly mailings of materials that are duplicated and sent to schools and colleges. The membership provides an opportunity for instructional personnel to purchase current materials at a discounted price.

Requested by: <u>[Signature]</u> (Department Head Signature)	Date: <u>August 12, 2011</u>
Phone: <u>281-3968</u>	Email: <u>jeff.berger@iowa.gov</u>

DOM: Approval ☒ Disapproval ☐

Signature [Signature] Date 8/23/11

EXECUTIVE COUNCIL  
2011 AUG 25 AM 11:16

**Executive Council of Iowa**

Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

TAB # 5

**REQUEST FOR MEMBERSHIP APPROVAL**

**DEPARTMENT REQUESTING MEMBERSHIP:** Education

**NAME OF ORGANIZATION:** National Consortium for Health Science Education

**NEW MEMBERSHIP** \_\_\_\_ **RENEWAL** X **MEMBERSHIP PERIOD:** July 1, 2011 to June 30, 2012.  
(Beginning and ending dates)

**MEMBERSHIP FEE OR DUES AMOUNT** \$2,500

**Funding Source:** State General Fund ☐ Other State Funds ☐  
Federal Funds X Other Funds ☐

**If Renewal, previous year amount.** \$ 2,500

**DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?** ☐ Yes ☒ No

**If yes, please list:** \_\_\_\_\_

**Please describe why your department should have an additional membership** \_\_\_\_\_

**WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL?** ☐ Yes ☒ No  
**If yes, list the anticipated number of trips per year and their purpose:**

A conference is held yearly but no state funds are anticipated for travel.

**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:**

This membership is important The National Consortium on Health Science and Technology Education is a national partnership of individuals and organizations with a vested interest in health science education. The consortium was organized in 1991 to stimulate creative and innovative leadership for ensuring a well prepared healthcare workforce. In April 2009, the name of the consortium was officially changed to the National Consortium for Health Science Education (NCHSE).

Driven by high cost, rapid technological changes, increased demand for health services, and dramatic employment growth in the healthcare community, a variety of studies, proposals, and legislative initiatives continue to emerge. Each of these studies, proposals, and initiatives has an impact on health science education programs nationwide that prepare healthcare employee candidates.

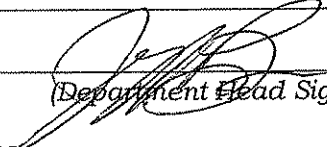
Membership in this organization will ensure that the state of Iowa is keeping current with the requirements for health education.

**DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.**

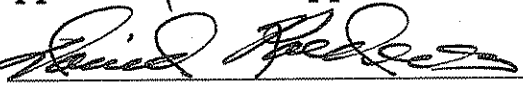
By participating in the Consortium, the state of Iowa will be assisting schools in reducing duplication and fragmentation of healthcare educational efforts and assist in positioning all health programs in the state to meet the human resource demands of the healthcare industry.

**DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:**

Teleconference calls possibly 2 to 3 times a year and a possible conference once a year.

<b>Requested by:</b> <u></u> (Department Head Signature)	<b>Date:</b> <u>August 12, 2011</u>
<b>Phone:</b> <u>281-3968</u>	<u>jeff.berger@iowa.gov</u>

**DOM:**    Approval ☒    Disapproval ☐

**Signature**     **Date** 8/23/11

EXECUTIVE COUNCIL  
2011 AUG 25 AM 11:16

**Executive Council of Iowa**

Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

TAB # 6

**REQUEST FOR MEMBERSHIP APPROVAL**

**DEPARTMENT REQUESTING MEMBERSHIP:** Public Health - Iowa Dental Board

**NAME OF ORGANIZATION:** American Association of Dental Boards (AADB)

**NEW MEMBERSHIP** ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** July 1, 2011- June 30, 2012 ✓  
(Beginning and ending dates)

**MEMBERSHIP FEE OR DUES AMOUNT** 1960 /  
\$ 1,900 ✓

**Funding Source:** State General Fund ☐ Other State Funds ☐

Federal Funds ☐ Other Funds ☒ 2062- Retained Fees ✓

**If Renewal, previous year amount.** \$ 1,900 ✓

**DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?** ☐ Yes ☒ No

**If yes, please list:** \_\_\_\_\_

**Please describe why your department should have an additional membership** \_\_\_\_\_

**WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL?** ☒ Yes ☐ No

**If yes, list the anticipated number of trips per year and their purpose:** \_\_\_\_\_

The AADB holds meetings twice a year (in the spring and fall) to discuss matters that are of relevance to state dental licensing boards and the examination of future applicants for licensure.

**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT**

- *Access to nationwide information about suspensions/discipline/revocations.* The AADB focuses on licensure and competency assessments. The resources provided by AADB are invaluable to the effective licensure and oversight of dentists and dental hygienists applying to practice or currently licensed or registered to practice in Iowa. AADB maintains a Clearinghouse for Board Actions. This Clearinghouse provides information about board actions from all 50 states, D.C., Puerto Rico and the Virgin Islands. The intention is to restrict the ability of incompetent practitioners to move from one state to another. This Clearinghouse is available only to dues-paying members. This is the Iowa Dental Board's only resource of this disciplinary information on a monthly basis.
- *Collaboration between examiners and educators.* One of the goals of the AADB is the sharing of information and collaboration between examiners and educators. The dentists and dental hygienists that serve on the Iowa Dental Board assist with the administration of clinical examinations. Clinical examinations are required for licensure in Iowa. The AADB provides resources for our Board members who also serve as clinical examiners.

**DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.**

One of the duties of the Iowa Dental Board (IDB) is the protection of the public when it grants licenses and permits to dentists and dental hygienists. Having access to information about actions taken against dentists

and dental hygienists by boards in other states is mission critical to the IDB. Without access to this information, IDB is likely to be unaware of action taken against an Iowa licensee. That potentially could pose a threat to the health and safety of the public if that licensee were to practice in Iowa after having adverse actions taken in another state by that state's dental board. Additionally, participation in the AADB allows IDB members to stay current on recent trends and data relating to the examination of dentists and dental hygienists. With this information IDB can better safeguard the public by taking steps to ensure that the candidates for licensure and registration are qualified to practice their profession.

**DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:**

A majority of the contact is conducted by e-mail, online website, and mail. However, the IDB is asked to have representation at AADB's twice-a-year meetings. The AADB provides monthly listings of board actions taken by other states.

For Iowa Dental Board:		Marcia Spangui for Dr. Miller-Neckes
Requested by: <u>Melanie Johnson</u>	Date: <u>7-29-11</u>	8-4-11
(Department Head Signature)		
Phone: <u>281-6935</u>		

DOM: Approval ☒ Disapproval ☐

Signature [Signature] Date 8/19/11



Executive Council of Iowa  
Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

TAB # 7

**REQUEST FOR MEMBERSHIP APPROVAL**

**DEPARTMENT REQUESTING MEMBERSHIP:** Board of Nursing

**NAME OF ORGANIZATION:** National Council of State Boards of Nursing (Nurse Licensure Compact Administrators Secretariat Fee)

**NEW MEMBERSHIP** ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 10-1-11 thru 9-30-12  
(Beginning and ending dates)

**MEMBERSHIP FEE OR DUES AMOUNT** \$ 3,000

**Funding Source:** State General Fund ☐ Other State Federal Funds ☐  
Other Funds ☒ Funds Iowa Code § 147.82 fee supported and 8.2 repayment receipts  
**If Renewal, previous year amount.** \$ 3,000

**DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?** ☐ Yes ☒ No

Please describe why your department should have an additional membership \_\_\_\_\_

**WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL?** ☒ Yes ☐ No  
**If yes, list the anticipated number of trips per year and their purpose:**

Two meetings per year to participate in policy decisions regarding the Nurse Licensure Compact.

**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:**

Participate in policy decisions with other compact administrators on the uniform administration of the Nurse Licensure Compact.

**DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.**

Regulation of nurses protects the public. Participation in the Nurse Licensure Compact Administrators implements the compact legislation.

**DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:** Daily contact with other compact states regarding license and discipline matters.

**Requested by:** Marcia Spangler for Dr. Miller-Moore **Date:** 08.09.11  
(Department Head Signature)

**Phone:** \_\_\_\_\_

**DOM:** Approval ☒ Disapproval ☐

**Signature** [Signature] **Date** 9/17/11

Membership Form 42400

July 2009

EXECUTIVE COUNCIL  
22 AUG 25 AM 11:19

Executive Council of Iowa  
Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

TAB # 8

**REQUEST FOR MEMBERSHIP APPROVAL**

DEPARTMENT REQUESTING MEMBERSHIP: Board of Nursing

NAME OF ORGANIZATION: National Council of State Boards of Nursing, Inc.

NEW MEMBERSHIP ☐ RENEWAL ☒ MEMBERSHIP PERIOD: 10-1-11 thru 9-30-12  
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 3,000

Funding Source: State General Fund ☐ Other State Federal Funds ☐  
Other Funds ☒ Funds Iowa Code § 147.82 fee supported and 8.2 repayment receipts

If Renewal, previous year amount. \$ 3,000

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: \_\_\_\_\_

Please describe why your department should have an additional membership \_\_\_\_\_

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☒ Yes ☐ No  
If yes, list the anticipated number of trips per year and their purpose: \_\_\_\_\_

Two meetings per year to participate in nurse license examination policy decisions.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

This organization holds the contract for the nurse license examinations.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Membership in this organization allows use of the license examination for licensing qualified applicants. A supply of nurses contributes to the health and wellbeing of all Iowans.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Daily contacts relate to license examinations.

Requested by: Theresa Springer for Dr. Miller-Reicks Date: 08.09.11  
(Department Head Signature)  
Phone: \_\_\_\_\_

DOM: Approval ☒ Disapproval ☐

Signature [Signature] Date 8/12/11

Executive Council of Iowa

Capitol Building  
Des Moines, Iowa 50319  
Phone: 515-281-5368  
FAX: 515-281-7562

TAB # 9

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Department of Management

NAME OF ORGANIZATION: National Association of State Budget Officers (NASBO)

NEW MEMBERSHIP \_\_\_\_\_ RENEWAL ☒ MEMBERSHIP PERIOD: 07/01/2011 to 06/30/2012  
(Beginning and ending dates)

MEMBERSHIP FEES OR DUES AMOUNT \$ 16,545

Funding Source: State General Fund ☒ Other State Funds ☐

Federal Funds ☐ Other Funds ☐

If Renewal, previous year amount. \$16,063

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: \_\_\_\_\_

Please describe why your department should have an additional membership \_\_\_\_\_

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? Yes ☐ No ☒

If yes, list the anticipated number of trips per year and their purpose: \_\_\_\_\_

**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:**

Information from NASBO is very helpful to the Department of Management in advising the Governor. NASBO is associated with the National Governor's Association (NGA) and works closely with NGA on state budget issues. It is critical during this time of financial distress that Iowa continue to have a voice in NASBO as NASBO works to assist state budget offices and other executive branch departments.

NABO provides the Department of Management with semi-weekly informational updates as well as ongoing analysis of federal issues that impact state finances. In addition, NASBO provides the department with access to results of frequent NASBO surveys on state budget issues and practices and facilitates periodic conference calls between state budget personnel and federal agencies.

**DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.**

NASBO provides a collective voice in advancing state budget issues with the federal government and others. As we seek to manage our budget and finances during this time of financial distress, that collective voice is vitally important for state government and taxpayers.

**DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:**

See response above

Requested by: David J. [Signature]  
(Department Head Signature)

Date: 8/25/11

Phone: 515-281-8826

E-mail: David.



Executive Council of Iowa  
Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

TAB # 10

**REQUEST FOR MEMBERSHIP APPROVAL**

**DEPARTMENT REQUESTING MEMBERSHIP:** Revenue

**NAME OF ORGANIZATION:** Federation of Tax Administrators (FTA)

**NEW MEMBERSHIP** ☐ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 07/01/11-06/30/12  
(Beginning and ending dates)

**MEMBERSHIP FEE OR DUES AMOUNT** \$ 15,264.00

**Funding Source:** State General Fund ☒ Other State Funds ☐

**Federal Funds** ☐ **Other Funds** ☐

**If Renewal, previous year amount.** \$ 13,764.00

**DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?** Yes ☒ No ☐

**If yes, please list:** \_\_\_\_\_

**Please describe why your department should have an additional membership** \_\_\_\_\_

**WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL?** Yes ☒ No ☐

**If yes, list the anticipated number of trips per year and their purpose:** Trips are not required. However, this organization provides the primary training for the Department in all tax areas including compliance, tax policy, fraud, collection, motor fuel tax and tobacco. Trips are anticipated when funding is available to maximize employee performance and benefit to the State. More information and training is being made available through electronic means.

**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:**

This organization is similar to the National Governor's Association. It is the most important organization in which the Department has membership. FTA serves as a source for information and expertise on matters affecting tax policy and administration. It provides training in all tax areas. It monitors activities before Congress, the IRS, and other federal agencies that affect state tax issues. It is a source of information on other state's tax activities, laws, and legal interpretations.

**DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.**

The Department must learn and improve to better serve Iowans. FTA is a clearinghouse for information and expertise on matters affecting tax policy and administration. FTA provides primary training for the Department in all tax areas including compliance, tax policy, fraud, collection, motor fuel tax and tobacco. FTA monitors activities before Congress, the IRS and other federal agencies that affect state tax issues. The Department continually improves its quality and performance through FTA research and information exchange, training and intergovernmental and interstate coordination.

**DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:** The Department receives weekly communications in multiple tax areas and in several different formats.

**Requested by:** [Signature] **Date:** 8/4/11  
(Department Head Signature)  
**Phone:** 515.281.3204

**DOM:** Approval ☒ Disapproval ☐

**Signature** [Signature] **Date** 8/19/11

# Executive Council of Iowa

Capitol Building  
Des Moines, Iowa 50319  
Phone: 515 281-5368  
FAX: 515 281-7562

TAB # 11

## REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Transportation

NAME OF ORGANIZATION: Iowa Bicycle Coalition

NEW MEMBERSHIP: \_\_\_\_\_ RENEWAL: X MEMBERSHIP PERIOD: 9/2011-9/2012  
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT: \$ 1,000.00

Funding Source: State General Fund ☐ Other State Funds \$1,000 (RUTF)

Federal Funds ☐ Other Funds \$

If Renewal, previous year amount: \$1,000.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If Yes, please list:

Please describe why your department should have an additional membership:

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If Yes, list the anticipated number of trips per year and their purpose:

**DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:** The Iowa Bicycle Coalition is a statewide, nonprofit, bicycle advocacy organization working to promote Iowa cycling as safe and enjoyable recreation and transportation. The Office of Systems Planning is responsible for planning Iowa's statewide long-range bicycle system and for administering several grant programs which provide funding for the development of this bicycle system. It is important for the Office of Systems Planning to be involved with the coalition to provide input and work cooperatively with the coalition membership to accomplish a variety of initial activities, such as promoting bicycling tourism, holding a state bicycle conference, and serving as an information clearinghouse for safety and advocacy information. The Coalition will work with the Office of Systems Planning to disseminate safety and advocacy information about Safe Routes to School, Iowa DOT Smart Wheeler safety program, Ride Right and other valuable programs.

**DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:** Through our membership and involvement, the Office of Systems Planning will be kept informed of bicycle related concerns and activities. Also, more coordinated efforts in the areas of bicycle safety, education and promotion, will result in less duplication of services and more useful products such as regional bicycle route maps, safety programs for both children and adults, etc.

**DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:**

Requested by: <u>Stuart Anderson</u>	Date: <u>August 3, 2011</u>
(Department Head Signature)	
Phone: <u>515-239-1661</u>	E-mail: <u>stuart.anderson@dot.iowa.gov</u>
DOM: <u>3</u>	Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/>
Signature: <u>David R. ...</u>	Date: <u>8/23/11</u>

Membership Form 42400 Iowa Department of Transportation Form 131034 (07-09) July 2009